CLAIMS ONLY			Application Number	Filing Date
			CC1/971114	
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend	51							
1							52							
2							53							
3							54							
4							55							
5							56							
6							57							
7							58							
8							59							
9							60							
10							61							
11							62							
12							63							
13							64							
14							65							
15							66							
16							67							
17							68							
18							69							
19							70							
20							71							
21							72							
22							73							
23							74							
24							75							
25							76							
26							77							
27							78							
28							79							
29							80							
30							81							
31							82							
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33							84							
34							85							
35							86							
36							87							
37							88							
38							89							
39							90							
40							91							
41							92							
42							93							
43							94							
44							95							
45							96							
46							97							
47							98							
48							99							
49							100							
50							Total Indep							
Total Indep	9						Total Depend							
Total Depend	321						Total Claims							
Total Claims	330													

| CLAIMS ONLY | | Application Number 09/971114 | | Filing Date |

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
01								51						
02								52						
03								53						
04								54						
05								55						
06								56						
07								57						
08								58						
09								59						
10								60						
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12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
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25								75						
26								76						
27								77						
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32								82						
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34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
Total Indep								Total Indep						
Total Depend								Total Depend						
Total Claims								Total Claims						

CLAIMS ONLY			Application Number	Filing Date
			09/971114	
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1		\					51		\				
2		\					52		\				
3		\					53		\				
4		\					54		\				
5		\					55		\				
6		\					56		\				
7		\					57		\				
8		\					58		\				
9		\					59	\					
10		\					60		\				
11		\					61		\				
12	\						62		\				
13		\					63		\				
14		\					64		\				
15		\					65		\				
16		\					66		\				
17		\					67		\				
18		\					68		\				
19		\					69		\				
20		\					70		\				
21		\					71		\				
22		\					72		\				
23		\					73		\				
24		\					74		\				
25		\					75		\				
26		\					76		\				
27	\	\					77		\				
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30		\					80		\				
31		\					81		\				
32		\					82		\				
33	\						83	\					
34		\					84		\				
35		\					85		\				
36		\					86		\				
37		\					87		\				
38		\					88		\				
39		\					89		\				
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41		\					91		\				
42		\					92		\				
43	\						93		\				
44		\					94		\				
45		\					95		\				
46		\					96		\				
47		\					97		\				
48		\					98		\				
49		\					99		\				
50		\					100		\				
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						

CLAIMS ONLY

		Application Number	Filing Date
		09/471114	
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1							51							
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47							97							
48							98							
49							99							
50							100							
Total Indep							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							